**COMPANY LOGO/LETTERHEAD**

Date

Employee name,

This letter serves to inform you that as of [insert date of results] you are in violation of USDOT and FTA drug and alcohol testing program regulations, 49 CFR Parts 40 and 655.

In accordance with federal regulations, company name is required to advise you of the resources available for evaluating and resolving problems associated with prohibited drug use and/or alcohol misuse. The following Substance Abuse Professionals are qualified to assist you with the USDOT’s Return to Duty Process:

1) SAP Name

 SAP Address

 SAP phone number

 2) SAP Name

 SAP Address

 SAP phone number

Please feel free to contact me directly at (XXX) XXX-XXXX for any further questions you may have.

Sincerely,

Drug & Alcohol Program Manager/DER